

**TOWN OF CUMMINGTON**  
**BUILDING INSPECTION DEPARTMENT**  
Community House P.O Box 128, Cummington, MA, 01026  
(413) 634-5354 Fax: (413) 634-5568  
Inspector of Buildings: Jim Cerone 413-834-0787

Form

**2**

**RENOVATIONS/ADDITIONS/ACCESSORY STRUCTURES**  
**RESIDENTIAL BUILDING PERMIT APPLICATION**

Per #: \_\_\_\_\_  
Fee: \_\_\_\_\_

**Note:** This application is not for new single or two family homes, wood-stoves, swimming pools, or commercial projects.

**Instructions:** Applicant must fill out all of Section 1 and the appropriate sections for the specific type of project.

**Section 1**

**Date:** \_\_\_\_\_ **Assessor's Map#:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_ **Use Group:** R-4 **Const.Type(other than 5b)** \_\_\_\_\_

**Zoning District** \_\_\_\_\_ **Code Edition To be used (From April 1, 2007 to October 1, 2007-Circle One):** 6<sup>th</sup> 7<sup>th</sup>

**Owner's telephone #:** (H)(\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_ (Cell)(\_\_\_\_) \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Contractor Address** \_\_\_\_\_

**Construction Supervisor #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **Hic.#** \_\_\_\_\_

**Cont. Tele#** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-Mail** \_\_\_\_\_ **Town** \_\_\_\_\_

**Estimated Cost::** \_\_\_\_\_ **Sq. Ft. Living Space (New):** \_\_\_\_\_ **Sq. Ft. Other Space (New):** \_\_\_\_\_

Obtain the following signatures (where applicable) **BEFORE** submitting this application:

Board of Health: \_\_\_\_\_ Date \_\_\_\_\_  
(Only when adding a bedroom)

Conservation Commission: \_\_\_\_\_ Date \_\_\_\_\_  
(Required for all new construction)

**Approval of Building Inspector:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Explanation of work:** (Be specific. For example: "Install new bath and kitchen," not "Interior Renovations")

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations and the Massachusetts State Building Code 780CMR.  
**SECTION 110.5 OF THE MASS. BLDG. CODE REQUIRES EVERY APPLICATION TO BE SIGNED BY THE OWNER OF THE PROPERTY, OR, BY AN AUTHORIZED AGENT. IF IT IS SIGNED BY AN AGENT, A CONTRACT SIGNED BY THE OWNER, OR LETTER OF AUTHORIZATION, MUST ACCOMPANY THE APPLICATION.**

\_\_\_\_\_  
(Print Name of Owner or Authorized Agent)

\_\_\_\_\_  
(Signature of Owner or Authorized Agent)

\_\_\_\_\_  
Date

**NOTE: CONTRACTOR AFFIDAVIT OR HOMEOWNERS LICENSE EXEMPTION MUST ALSO BE SIGNED ON PAGE 2**

## Section 1 (Continued)

**Demolition Debris Disposal Location:** \_\_\_\_\_ No demolition debris: \_\_\_\_\_

**Will a contractor be responsible for this project?**

\_\_\_\_ YES (Contractor must complete **Contractor Affidavit** below and **Workman Compensation Affidavit**)

\_\_\_\_ NO (Skip contractor affidavit and fill out **homeowner's exemption at bottom of page 2**)

### Contractor Affidavit

Name (Please Print) \_\_\_\_\_

Construction Supervisor # \_\_\_\_\_ HIC Registration# \_\_\_\_\_ Expiration Date \_\_\_\_\_

*Pursuant to MGL C. 142A, Home Improvement Contractor Registration, I hereby apply for a permit as the Agent of the aforementioned owner:*

**Signed under penalties of perjury:** Contractor \_\_\_\_\_ Date \_\_\_\_\_

### HOMEOWNER'S LICENSE EXEMPTION

**(This portion is to be completed by homeowner assuming responsibility for proposed project. Fill this section out only if there is not a contractor taking responsibility for the job.)**

**DEFINITION OF HOMEOWNER:** "Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one or two-family dwelling, attached or detached structures accessory to such use, and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner." (Section 108.3.5) The **LICENSE EXEMPTION** for a **HOMEOWNER** applies only for permitted work on owner-occupied one- and two-family dwellings/accessory structures, and farm structures. The exemption allows such homeowner to obtain building permits, perform construction, and engage individuals for hire who may not be registered or possess a construction supervisor's license, **PROVIDED THAT THE OWNER ACTS AS SUPERVISOR;** the homeowner is then **FULLY RESPONSIBLE FOR THE PROJECT AND COMPLIANCE WITH STATE BLDG. CODE AND ALL APPLICABLE LAWS AND REGULATIONS.** Many homeowners who use the "Homeowner's Exemption" are unaware that they are assuming the responsibilities of a supervisor. This lack of awareness often results in serious problems, particularly when the homeowner hires unlicensed persons; in these cases, punitive action cannot be taken against the unlicensed person. The homeowner, acting as supervisor, is ultimately responsible for the project and compliance with the State Bldg. Code. **NOTICE TO HOMEOWNERS ENGAGING OTHERS FOR HIRE:** MGL c.142A is a consumer protection law which requires Home Improvement Contractors to be registered with the State. A "Guaranty Fund" has been set up with funds collected from the registered H.I. Contractors which will be available to consumers who are aggrieved with a contract entered into with **REGISTERED H.I. CONTRACTORS.** This law requires that the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition, to any owner-occupied building (containing up to four dwelling units), and to any related accessory structures, be done by registered Home Improvement Contractors, with certain exceptions. **NOTICE IS HEREBY GIVEN THAT OWNERS PULLING THEIR OWN PERMIT ON BEHALF OF A CONTRACTOR, OR WHO ENGAGE UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK, DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c.142A.** Notwithstanding the above notice, I hereby apply for a permit as the **HOMEOWNER** of the below listed property and by so doing will assume responsibility for compliance with all applicable codes, bylaws, rules and regulations.

HOMEOWNER'S SIGNATURE : \_\_\_\_\_ DATE \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_

❑ **Section 2: Roofing, Siding, Replacement Windows, (Check appropriate items)**

\_\_\_\_ Roofing: Any sheathing to be installed? Yes\_\_\_\_ No\_\_\_\_. Will existing roofing be stripped? \_\_\_\_\_

If not, how many layers exist now? \_\_\_\_ Siding: Explain: \_\_\_\_\_

\_\_\_\_ Replacement Windows: Number\_\_\_\_ U value \_\_\_\_ (Maximum U value permitted is .44)

❑ **Section 3: Signs (Check appropriate items)**

Size: \_\_\_\_x\_\_\_\_ Wording: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Off-premise sign (*fill out Section 5 plot plan*) Site location: \_\_\_\_\_

\_\_\_\_ On-premise, attached to building \_\_\_\_ On-premise, free standing (*fill out Section 5 plot plan*)

❑ **Section 4: Note: Any new structure or addition requires a plot plan (See Section 5)**

**Please Check All Appropriate Items**

____ Accessory Structure ____x____	____ Storage Building (120sft or more) ____x____
____ Garage ____x____	____ Addition to accessory structure ____x____
____ Addition to dwelling ____x____	____ Agricultural Barn ____x____
____ Renovation to dwelling	____ Chimney or Fireplace
____ Change of Use	____ Demolition
____ Renovation to accessory structure	
____ Other (specify): _____	

**Provide 2 sets of plans showing:**

1) Floor plan 2) Foundation plan or pier location 3) Cross section showing any of the following (if applicable):  
Carrying beams, floor joists, bearing walls, ceiling joists, rafters and collar ties. 4) Smoke detector locations

**Fill out the following specifications appropriate to work being performed:**

**Foundation:** Footing Size: \_\_\_\_X\_\_\_\_ Depth Below Grade \_\_\_\_ Drainage Type \_\_\_\_\_

Foundation Type \_\_\_\_\_ Thickness \_\_\_\_ Height\_\_\_\_

Height of unbalanced fill (from grade to slab):\_\_\_\_ Foundation Coating \_\_\_\_\_

**Framing:** Lumber Grade and Specie(if other than #2 spruce/pine/fir) \_\_\_\_\_

Carrying Beam Type \_\_\_\_\_ Size\_\_\_\_ Column type\_\_\_\_ Size\_\_\_\_ Column span:\_\_\_\_\_

Joist - First Floor \_\_\_\_X\_\_\_\_ O/C\_\_\_\_ Span\_\_\_\_ Joist - Second Floor \_\_\_\_X\_\_\_\_ O/C\_\_\_\_ Span\_\_\_\_

Joist - Ceiling \_\_\_\_X\_\_\_\_ O/C\_\_\_\_ Span\_\_\_\_ Studding Bearing: \_\_\_\_X\_\_\_\_ O/C\_\_\_\_ Wall Height \_\_\_\_

Roof Rafters \_\_\_\_X\_\_\_\_ O/C\_\_\_\_ Horizontal Span \_\_\_\_ Roof Pitch \_\_\_\_ in \_\_\_\_ Collar tie size \_\_\_\_

**IF TRUSSES ARE TO BE USED, YOU MUST SUBMIT TRUSS DESIGN, STAMPED BY A MASSACHUSETTS LICENSED ENGINEER, PRIOR TO FRAMING**

Sheathing: Floors \_\_\_\_ Walls \_\_\_\_ Roof \_\_\_\_ Roofing\_\_\_\_ Attic/Roof Ventilation Type \_\_\_\_\_

## Section 4 (Continued)

**Insulation:** *If there is a heated addition, complete the following:*

	Windows/Doors	Ceiling*	Wall	Floor over un-conditioned space	Basement wall	Slab perimeter R-val and depth
Code	.39 U value max	R-37 min	R-13 min	R-19 min	R-10 min	R-10, 4ft min
Your Project						

*\*R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e. not compressed.)*

Bedroom Escape Window Size (if applicable): \_\_\_\_\_x\_\_\_\_\_ (Minimum 20x24 clear opening)

**Section 5: Plot Plan:** Provide an informal plot plan in the square below—locating the existing, new structures/additions and distances from all property lines.

Lot Dimensions: _____ Frontage _____ Area _____ <u>Structure will be how near:</u> Front Lot Line _____ Left Property Line _____ Right Property Line _____ Rear Property Line _____ Wetland _____ Stream or River _____	<div style="position: relative; height: 200px;"> <div style="position: absolute; top: 0; width: 100%;">REAR</div> <div style="position: absolute; bottom: 0; width: 100%;">FRONT (Street or Road)</div> <div style="position: absolute; left: 50%; transform: translateX(-50%); font-size: 4em;">L</div> <div style="position: absolute; right: 50%; transform: translateX(50%); font-size: 4em;">R</div> </div>
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### Fee Schedule

All new construction, alterations, and additions:	\$.25 per sq. ft.
Residential accessory buildings, garages, decks, porches:	\$.15 per sq. ft.
Projects not related to square footage:	\$5 per \$1000 of value based on a sound estimate of construction cost.

#### Other Fees:

Change of Use and Occupancy (no structural changes):	\$25
Replacement of permit card or Certificate of Occupancy:	\$10
Re-roofing/siding/replacement windows:	\$25(minimum)
Inground pool	\$30
Above ground pool	\$25
Temporary Construction Trailer	\$25
Woodstoves & Chimneys	\$25(minimum)
Tents(for storage)	\$25
Signs 1-25sft	\$25
26-50 sft	\$30
over 50 sq. ft	\$30 + \$1 per each additional sq. ft.
Stop Work Order(to post or lift)	\$25 each visit

**Permit Fees will be doubled when construction begins before a permit is issued..**

**The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dia](http://www.mass.gov/dia)**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |  |   |
|--|---|
| 1. ~ I am an employer with _____<br>Employees (full and/or part-time)*   | 4. ~ I am a general contractor and I<br>have hired the sub-contractors<br>listed on the attached sheet. <input type="checkbox"/><br>These sub-contractors have<br>workers' comp. insurance. |
| 2. ~ I am a sole proprietor or partner-<br>Ship and have no employees<br>Working for me in any capacity.<br>[No workers' comp. insurance<br>required.] | 5. ~ We are a corporation and its<br>officers have exercised their<br>right of exemption per MGL<br>C. 152, ' 1(4), and we have no<br>employees. [No workers'<br>comp. insurance required.] |
| 3. ~ I am a homeowner doing all work<br>myself. [No workers' comp.<br>insurance required.] <input type="checkbox"/>                                    |   |

**Type of project (required):**

- |                                       |
|---------------------------------------|
| 6. ~ New Construction                 |
| 7. ~ Remodeling                       |
| 8. ~ Demolition                       |
| 9. ~ Building Addition                |
| 10. ~ Electrical repairs or additions |
| 11. ~ Plumbing repairs or additions   |
| 12. ~ Roof repairs                    |
| 13. ~ Other _____                     |

\* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

☐ Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

☐ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers'

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL C. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health   2. Building Department   3. City/Town Clerk   4. Electrical Inspector   5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# Information and Instructions

Massachusetts General Laws Chapter 152 requires all employers to provide workers= compensation for their employees. Pursuant to this statute, an *employee* is defined as A...every person in the service of another under any contract of hire, express or implied, oral or written.@

An *employer* is defined as Aan individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the owner of a dwelling house having not more than three apartments and who reside therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.@

MGL Chapter 152, ' 25C(6) also states that Aevery state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.@ Additionally, MGL Chapter 152, ' 25C(7) states ANeither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.@

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## Applicants

Please fill out the workers= compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) names(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers= compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers= compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under AJob Site Address@ the applicant should write Aall locations in \_\_\_\_ (city or town).@ A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department=s address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. #617-727-4900 ext 406 or 1-877-MASSAFE  
Fax #617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)